



# TRICARE

## Health Net Federal Services, Inc.

### *TRICARE Overview*

### *&*

### *How to Become a TRICARE Provider*



# **Military Health System**

- Integrated health care delivery system
- Health care provided through military treatment facilities (MTFs) and network of civilian health care providers
- Supports readiness and ensures civilian resources are of the highest quality available
- Close to 100 hospitals and more than 500 clinics worldwide
- Serves an eligible population of approximately 8.9 million beneficiaries



# What is TRICARE?

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- DoD's managed health care program
- Provides health benefits and services to active duty and retired members of the uniformed services, their families, and survivors worldwide
- Available to Army, Navy, Air Force, Marine Corps, Coast Guard, the U.S. Public Health Service (USPHS), and the National Oceanic and Atmospheric Administration (NOAA)



# **TRICARE's Vision**

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To provide a world-class health system that meets all wartime and peacetime health care needs for active duty and retired military and their families

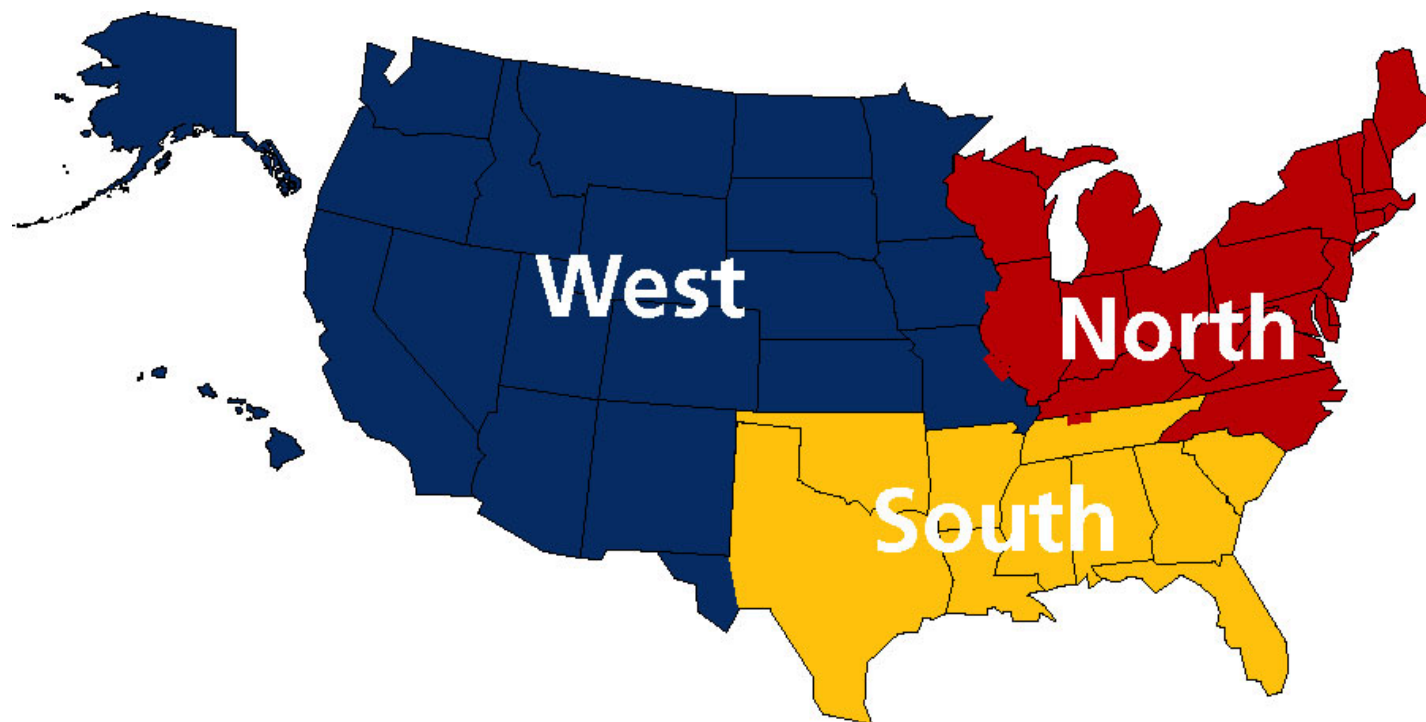


# **Recent Changes in TRICARE**

- Transitioning to three TRICARE regions in the 50 United States, supported by three contractors that provide health care services and support
- Improving access to health care overseas
- Enhancing the retail pharmacy benefit—making it more portable and providing continuity across all TRICARE regions



# New TRICARE Regions



# **TRICARE Regional Contractors**

- TRICARE North Region—Health Net Federal Services, Inc. (Health Net)
- TRICARE South Region—Humana Military Healthcare Services, Inc. (Humana Military)
- TRICARE West Region—TriWest Healthcare Alliance (TriWest)
- Overseas regions do not have health care services and support contractors
  - Health care is delivered by MTFs and host nation preferred provider networks or International SOS in remote countries



# **Health Net Health Care Partners**

- The health care network is developed and maintained by Health Net
- The behavioral health network is developed and maintained by MHN, Inc. (MHN)
- Claims processing and claims customer service activities are provided and maintained by PGBA, LLC (PGBA)





# **Health Net's Behavioral Health Partner**

- MHN manages the network of behavioral health providers for TRICARE beneficiaries
- Outpatient network
- Inpatient network
- Health Net/MHN
- 1-877-TRICARE (1-877-874-2273)



# **Health Net Web Site—Business Tools**

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- Real-time electronic claims submission
- Claims status checks
- Electronic funds transfer
- Patient eligibility verification
- Network provider directories
- Electronic forms
- Consult report submittal/coordination
- Secure e-mail inquiries
- Catastrophic cap and deductible queries



# Certification and Credentialing

- Health Net and MHN conduct initial credential reviews for each provider. They review:
  - Qualifications
  - Education
  - Licensure
  - Malpractice coverage
  - Etc.
- Utilization Review Accreditation Commission (URAC) standards
- Full re-credentialing review of all network providers every three years

# TRICARE Providers

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- TRICARE defines a provider as a person, business, or institution that provides or gives health care
- A provider must be authorized under the TRICARE Regulation and must have their authorized status verified (certified) by Health Net
- Active duty service members and civilian employees of the Federal Government who are health care providers are generally not authorized to be TRICARE providers in civilian facilities



# TRICARE Provider Types

- Authorized Providers
- Certified Providers
- Network Providers
- Non-network Providers
  - Participating Providers
  - Nonparticipating Providers



# MTF First Right of Refusal

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- MTFs are given the first “right of refusal” for TRICARE Prime beneficiaries
- Inpatient admissions, specialty appointments, procedures requiring prior and written prior authorization
- If the service is not available at the MTF within the appropriate access standards, then the beneficiary is referred to a TRICARE network provider



# Who is Eligible for TRICARE?

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- Active duty service members (ADSMs) and retirees of any of the seven uniformed services
- Reserve Component members on active duty for 30 consecutive days or more—under Federal orders
- Spouses of active duty or retired service members
- Army, Air Force, Navy, Marine Corps, Coast Guard, Public Health Service, or the National Oceanic & Atmospheric Administration



# Who is Eligible for TRICARE?

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- Unmarried children of active duty, retired and reserve members
  - Up to age 21 (or 23 if full-time student)
  - Past age 21—Mental or Physical incapacity
  - Unmarried children remain eligible even if parents divorce or remarry





## **Dual Eligibility—Medicare**

- Under age 65 and due to disability or end-stage renal disease
- By law, dual-eligible beneficiaries under the age of 65 must be enrolled in Medicare Part B to retain TRICARE benefits
- Age 65 and older—covered by Medicare Parts A and B are eligible for TRICARE For Life

## **Dual Eligibility—Veteran Affairs**

- May choose to use their TRICARE benefit at a VA medical facility as long as the service is covered under TRICARE and is not for a service-connected condition
- Care received at a VA facility for service-connected conditions must be received under veterans' benefits
- More information may be accessed at *[www.va.org](http://www.va.org)*



# North Atlantic Treaty Organization (NATO)

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- TRICARE benefits are extended to members of NATO's military force and their TRICARE-eligible family members while they are stationed in or passing through the United States on official NATO business
- Beneficiary must obtain a Foreign Identification Number to be eligible under TRICARE
- Eligible only for TRICARE Standard outpatient care, including outpatient maternity care
- Inpatient care, including newborn delivery, must be arranged through the NATO ADFM's embassy or consulate
- Verify Eligibility—DEERS inquiry required



# TRICARE Prime

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- Managed care option
- Beneficiaries are required to enroll
- Beneficiaries have fewer out-of-pocket costs
- Select (or are assigned) a PCM from MTF or civilian preferred provider network
  - Care must be provided within TRICARE Prime access standards
  - Providers file claims for beneficiaries



# Referrals

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- PCM must contact Health Net to request a referral
- A referral to a specialist is issued only if services are not available at the MTF. The MTF is always the primary source of care for TRICARE beneficiaries
- The MTF has first “right of refusal” to provide care for a TRICARE beneficiary
- Coordinate referrals through Health Net by completing a TRICARE Service Request/Notification Form
- Fax form to: 1-888-299-4181



## POS Cost-shares/Deductibles

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- Outpatient deductibles are \$300 for an individual and \$600 for a family
- After meeting the deductible, the beneficiary is responsible for a 50% of the allowed amount cost-share for outpatient and inpatient claims and possible excess charges up to 15% over the allowed amount
- The 50% cost-share of the allowed amount continues to be applied even after the catastrophic cap has been met

# TRICARE Extra

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- Preferred provider option
- No enrollment required
- Beneficiaries seek care from network providers or at an MTF on a space-available basis
- Beneficiaries are responsible for annual deductibles and discounted cost-shares
- Providers file claims for beneficiaries



# TRICARE Standard

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- Fee-for-service option
- No enrollment required
- Beneficiaries seek care from any TRICARE-authorized provider or at an MTF on a space-available basis
- Beneficiaries are responsible for annual deductibles and cost-shares—highest out-of-pocket expense





# Behavioral Health Care Services

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- Health Net manages the behavioral health benefit
- MHN manages the network of behavioral health providers for TRICARE beneficiaries
- Behavioral health outpatient network consists of licensed outpatient providers, such as psychiatrists, psychologists, social workers, marriage and family therapists, certified psychiatric nurse specialists, licensed professional counselors (LPCs), and pastoral counselors



# **Behavioral Health: Covered Services**

- Behavioral health/substance abuse treatment covered by TRICARE includes, but is not limited to:
  - Hospitalization for behavioral health treatment
  - Partial hospitalization for behavioral health
  - Emergency care
  - Substance abuse treatment
  - Outpatient behavioral health therapy
- When a service is not available at an MTF, beneficiaries will be referred to a network provider

# Behavioral Health/ Substance Abuse Benefits

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- Outpatient psychotherapy—must be authorized by Health Net;
- All inpatient behavioral health and substance abuse treatment must be authorized in advance by Health Net

# Coordination of Behavioral Health Treatment

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- The PCM is responsible for coordinating referrals for specialty care for TRICARE Prime beneficiaries
- When TRICARE Prime beneficiaries allow their behavioral health care services to be coordinated by their PCM, more comprehensive care can be achieved

# Copayments for Behavioral Health Outpatient Services

- TRICARE Prime ADSM/Family Members—\$0
- Retirees and their family members enrolled in TRICARE Prime—\$25 per individual visit, \$17 per group visit
- ADFMs using the TRICARE Standard option must pay 20% of the TRICARE allowable charge after meeting the annual deductible/Retirees: 25% of allowable charge
- ADFMs using the TRICARE Extra option must pay 15% of the negotiated rate after meeting the annual deductible/Retirees: 25% of negotiated rate



# Partial Hospitalization Benefit

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- Care must be provided in a TRICARE-approved behavioral health partial hospitalization program
- Always requires prior authorization
- Minimum of three hours per day, up to five days per week
- May include full- or half-day, evening and weekend treatment programs

# **Benefit Treatment Days**

- Benefit is limited to 60 days per fiscal year (October 1–September 30)
- The 60 treatment days are not offset or counted toward the 30- or 45-day inpatient benefit limit

# Acute Inpatient Treatment

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- Authorization requirements
  - All emergent admissions must be authorized within 72 hours
  - All nonemergent admissions require prior authorization
- Benefit
  - Adults: up to 30 days per fiscal year
  - Children (to age 19): up to 45 days per fiscal year



# **Residential Treatment Centers**

- Required to be provided by a TRICARE-approved Residential Treatment Center (RTC)
- Always requires prior authorization
- Benefit includes up to 150 days per fiscal year for youth under the age of 19
- Benefit is defined as individualized treatment for pervasive psychiatric problems in a protected and highly structured therapeutic environment

# Substance Abuse Services Acute Inpatient Treatment

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- Authorization
  - All nonemergent admissions require prior authorization
- Benefit
  - Detoxification in a rehabilitation setting is limited to seven days
  - Emergency and inpatient hospital services
    - Day limit is based on medical necessity
    - Active medical stabilization
    - Treatment of medical complications

# Substance Abuse Services Residential Rehabilitation

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- Always requires prior authorization
- Benefit is limited to three benefit periods per lifetime
- Up to seven days of detoxification are allowed in addition to 21 rehabilitative days (combined partial and/or residential) per benefit period
  - Days count toward the 30- or 45-day behavioral health inpatient limits
- Benefit period starts the first day of a covered treatment and ends 365 days later

# Substance Abuse Services Partial Hospitalization

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- Benefit period is limited to 21 treatment days, full or partial day (combined and/or residential)
- Benefit period starts the first day of covered treatment and ends 365 days later
  - Days count toward the 30- or 45-day behavioral health inpatient limits

# Substance Abuse Services Outpatient Services

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- Services must be rendered by an institutional provider only and always require prior authorization
- Only group sessions are allowed
  - 60 group sessions (90834) per benefit period
  - 15 family sessions (90847) per benefit period
- Benefit period starts the first day of covered treatment and ends 365 days later

# Benefit Exclusions\*

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- Aversion therapy including electroshock and the use of chemicals for alcoholism (except Antabuse)
- Biofeedback for psychosomatic conditions
- Counseling services such as nutritional counseling, stress management, or marriage counseling (behavioral health benefits are not payable for V-codes)
- Custodial nursing care
- Developmental disorders educational programs

\*List not all inclusive. Contact Health Net for more information

# Acceptable Behavioral Health Professional Providers

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- Doctor of Osteopathy (DO)
- Doctor of Medicine (MD)
- Clinical Psychologist (PhD)
- Certified Marriage Family Therapist (MFT)
- Clinical Psychiatric Nurse Specialist (CNS)
- Certified Social Worker (CSW/MSW)
- Mental Health Counselor (MHC)\*
- Pastoral Counselor\*

\* With referral from physician

# Acceptable Behavioral Health Institutional Providers

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- Psychiatric Hospital
- Residential Treatment Center
- Substance Use Disorder Rehabilitation Center
- Psychiatric Partial Hospitalization Program



# Behavioral Health Provider Certification Requirements

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- Requirements are many and varied
  - Depends upon the specialty and state of practice
  - Depends on whether professional or institutional provider
    - Requires state licensure when applicable
    - Requires Board certification when applicable

# Regional Claim Telephone Numbers

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- Providers who have a claim issue or question regarding a TRICARE patient who normally receives care in another TRICARE region can call the appropriate number listed below for assistance
- North Region 1-877-TRICARE (1-888-874-9378)
- South Region 1-800-403-3950
- West Region 1-888-TRIWEST (1-888-874-9378)



# **CHAMPUS Maximum Allowable Charge**

- “CMAC”
- The maximum amount TRICARE will cover for national established fees
- Example—professional fees
- The TRICARE allowable charge for covered services appropriately applied to services priced under CMAC

# **Facilities Exempt From DRG**

- Psychiatric hospitals or units
- Hospitals within hospitals
- Rehabilitation hospitals or units
- Long-term hospitals
- Sole community hospitals
- Cancer hospitals
- Christian Science sanatoria
- Satellite facilities
- Hospitals outside of the 50 United States, the District of Columbia, or Puerto Rico
- Critical access beds

# Contracting POCs

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- *Health Net – TRICARE North Region*  
*1-877-TRICARE (874-2273)*  
*[www.healthnetfederalservices.com](http://www.healthnetfederalservices.com)*
- *Humana Military – TRICARE South Region*  
*1-800-700-8646*  
*[www.humanamilitary.com](http://www.humanamilitary.com)*
- *TriWest – TRICARE West Region*  
*[www.triwest.com](http://www.triwest.com) to find telephone numbers by state*



# Thank you!

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- *TRICARE offers a comprehensive health benefit for our beneficiaries. From preventive health services, to better coordination with our civilian system, to lower out-of-pocket costs for families, we have designed and fully implemented a strong, more uniform benefit*
- *Wherever we maintain medical capability and capacity, whether through military or civilian services, our goal is a world-class health benefit that serves the needs of our members*

